

**MICHIGAN DEPARTMENT OF  
COMMUNITY HEALTH**

**DATA CLARIFICATIONS FOR THE  
277U HEALTH CARE PAYER  
UNSOLICITED CLAIM STATUS,  
VERSION 4010**

**April 4, 2003**

Michigan Department  
of Community Health



This document is intended as a companion to the **National Electronic Data Interchange Transaction Set Implementation Guides: Health Care Payer Unsolicited Claim Status, ASC X12N 277U (003070X070)**, dated December 1996, and **Health Care Claim Status Request, ASC X12N 277 (004010X93)**, dated May 2000. The purpose of this companion document is to provide clarification. It does not contradict requirements in the ANSI X12 Implementation Guides. The following details the requirements for processing data.

The implementation guide and code lists 507 and 508 can be found at [http://www.wpc-edi.com/hipaa/hipaa\\_40.asp](http://www.wpc-edi.com/hipaa/hipaa_40.asp). Additional information on the Final Rule for Standards for Electronic Transmissions can be found at <http://aspe.os.dhhs.gov/admsimp/bannertx.htm>.

### **Purpose of the 277U Health Care Payer Unsolicited Claim Status**

The MDCH has chosen to implement a 277 Health Care Payer Unsolicited Claim Status as a means of communicating pending claim information. The 277 Unsolicited transaction is **not** a HIPAA-mandated transaction. This transaction will be available to Medicaid providers on request through their service bureau (also known as billing agent).

For implementation, the 277 Response format was used with modifications made to the GS and BHT segments in order to distinguish the 277 Unsolicited transaction from the standard 277 response to a 276 request.

This document includes clarifications for the following information:

- interchange control header and trailer,
- functional group header and trailer,
- 277U transaction set header and trailer, and
- detail segments and elements of the 277U transaction itself.

The interchange control header and trailer (ISA and ISE) are presented together in the first section of this document. The functional group header and trailer (GS and GE) are presented together in the second section of this document. The 277U transaction set header and trailer (ST and SE) are presented with the detail 277U segments and elements in the third section. The 277U implementation guides contain a description of the interchange control structure; refer to implementation guide Appendix A, page A.1.



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This document uses several text conventions to distinguish MDCH data elements from the Health Insurance Portability and Accountability Act of 1996 (HIPAA) data elements. The following table lists the text conventions used in this document.

Convention used	Explanation
< >	Text included within (< >) describes what will be transmitted by MDCH. This could be the MDCH data element name or value, or, if blank, will display <spaces>.
“ ”	Text with (“ ”) around a value represent HIPAA implementation guide (IG) values.
( )	The HIPAA IG description of the value in quotes, described above, is provided parenthetically.

## Interchange Control Header & Trailer

Page	Loop	Segment	Data Element	Comments
B.3	Header	ISA – Interchange Control Header	ISA01 – Authorization Information Qualifier	“00” (No Authorization Information Present)
B.3	Header	ISA – Interchange Control Header	ISA02 – Authorization Information	<spaces>
B.4	Header	ISA – Interchange Control Header	ISA03 – Security Information Qualifier	“00” (No Security Information Present)
B.4	Header	ISA – Interchange Control Header	ISA04 – Security Information	<spaces>
B.4	Header	ISA – Interchange Control Header	ISA05 – Interchange Sender ID Qualifier	“ZZ” (Mutually Defined)
B.4	Header	ISA – Interchange Control Header	ISA06 – Interchange Sender ID	Positions 1-6, <D00111> Positions 7-15, <spaces>
B.4	Header	ISA – Interchange Control Header	ISA07 – Interchange Receiver ID	“ZZ” (Mutually Defined)
B.5	Header	ISA – Interchange Control Header	ISA08 – Interchange Receiver ID	Positions 1-4, <Service Bureau ID> Positions 5 -15, <spaces>
B.5	Header	ISA – Interchange Control Header	ISA09 – Interchange Date	<Interchange Date> in YYMMDD format
B.5	Header	ISA – Interchange Control Header	ISA10 – Interchange Time	<Interchange Time> in HHMM format.
B.5	Header	ISA – Interchange Control Header	ISA11 – Interchange Control Standards ID	“U” (U.S. EDI Community of ASC X12, TDCC, and UCS)
B.5	Header	ISA – Interchange Control Header	ISA12 – Interchange Control Version Number	“00401”
B.5	Header	ISA – Interchange Control Header	ISA13 – Interchange Control Number	<Interchange Control Number> MDCH will transmit identical interchange control numbers in ISA13 and IEA02 for a single interchange envelope.
B.5	Header	ISA – Interchange Control Header	ISA14 – Acknowledgement Requested	“0” (No Acknowledgement Requested)



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Page	Loop	Segment	Data Element	Comments
B.5	Header	ISA – Interchange Control Header	ISA15 – Usage Indicator	“P” (Production) or “T” (Test) data
B.6	Header	ISA – Interchange Control Header	ISA16 – Component Element Separator	<:>
B.7	Header	IEA – Interchange Control Trailer	IEA01 – Number of Included Functional Groups	<Total number of functional groups> included within an interchange
B.7	Header	IEA – Interchange Control Trailer	IEA02 – Interchange Control Number	<Interchange Control Number> MDCH will transmit identical interchange control numbers in ISA13 and IEA02 for a single interchange envelope.



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**Functional Group Header & Trailer**

Page	Loop	Segment	Data Element	Comments
B.8	Header	GS – Functional Group Header	GS01 – Functional ID Code	“HN” (Health Care Claim Status Notification)
B.8	Header	GS – Functional Group Header	GS02 – Application Sender’s Code	<D00111>
B.8	Header	GS – Functional Group Header	GS03 – Application Receiver’s Code	<Service Bureau ID>
B.8	Header	GS – Functional Group Header	GS04 – Functional Group Creation Date	<Functional Group Creation Date> in CCYYMMDD format
B.9	Header	GS – Functional Group Header	GS05 – Functional Group Creation Time	<Functional Group Creation Time> in HHMM format
B.9	Header	GS – Functional Group Header	GS06 – Interchange Control Number	<Data Interchange Control Number> MDCH will transmit identical data interchange control numbers in GS06 and GE02 for a single functional group.
B.9	Header	GS – Functional Group Header	GS07 – Responsible Agency Code	“X” (Accredited Standards Committee X12)
B.9	Header	GS – Functional Group Header	GS08 – Version/Release/Industry ID Code	“004010X70”
B.8	Header	GE – Functional Group Trailer	GE01 – Number of Transaction Sets Included	<Total number of transaction sets> included in the functional group or interchange
B.8	Header	GE – Functional Group Trailer	GE02 – Group Control Number	<Data Interchange Control Number> MDCH will transmit identical data interchange control numbers in GS06 and GE02 for a single functional group.

## Transaction Set

Page	Loop	Segment	Data Element	Comments
125	Header	ST – Transaction Header	ST01 – Transaction Set ID Code	"277"
125	Header	ST – Transaction Header	ST02 – Transaction Set Control Number	<Transaction Set Control Number> MDCH will assign a unique number within the transaction set, to indicate the start of the transaction. MDCH will transmit identical transaction set control numbers in ST02 and SE02.
126	Header	BHT – Beginning of Hierarchical Transaction	BHT01 – Hierarchical Structure Code	"0010" (Information Source, Information Receiver, Provider of Service, Subscriber, Dependent)
126	Header	BHT – Beginning of Hierarchical Transaction	BHT02 – Transaction Set Purpose Code	"08" (Status)
126	Header	BHT – Beginning of Hierarchical Transaction	BHT03 – Reference Identification	<Number assigned by MDCH> to identify the transaction within the MDCH system
127	Header	BHT – Beginning of Hierarchical Transaction	BHT04 – Date	< Transaction Set Creation Date > in YYMMDD format
127	Header	BHT – Beginning of Hierarchical Transaction	BHT06 – Transaction Type Code	"NO" (Notice) This code, included in the 003070X70 Implementation Guide, specifies the type of transaction.
128	2000A	HL – Information Source Level	HL01 – Hierarchical ID Number	<1> Assigned by the MDCH to identify each occurrence of a HL segment in a transaction
128	2000A	HL – Information Source Level	HL03 – Hierarchical Level Code	"20" (Information Source)
129	2000A	HL – Information Source Level	HL04 – Hierarchical Child Code	"1" (Additional Subordinate HL Data Segment in this Hierarchical Structure)
130	2100A	NM1 – Payer Name	NM101 – Entity ID Code	"PR" (Payer)
131	2100A	NM1 – Payer Name	NM102 – Entity Type Qualifier	"2" (Non-Person Entity)
131	2100A	NM1 – Payer Name	NM103 – Payer Name	<Department of Community Health>
131	2100A	NM1 – Payer Name	NM108 – ID Code Qualifier	"PI" (Payor Identification)
132	2100A	NM1 – Payer Name	NM109 – Payer ID	<MDCH Federal Tax ID Number>
134	2100A	PER – Payer Contact Information	PER01 – Contact Function Code	"IC" (Information Contact)

Page	Loop	Segment	Data Element	Comments
134	2100A	PER – Payer Contact Information	PER03 – Communication Number Qualifier	“TE” (Telephone)
134	2100A	PER – Payer Contact Information	PER04 – Communication Number	<1-800-292-2550>
136	2000B	HL – Information Receiver Level	HL01 – Hierarchical ID Number	<2> Assigned by the MDCH to identify each occurrence of a HL segment in a transaction
136	2000B	HL – Information Receiver Level	HL02 – Hierarchical Parent ID Number	<1> Identifies the next hierarchical ID number of the HL segment to which the current HL segment is subordinate
137	2000B	HL – Information Receiver Level	HL03 – Hierarchical Level Code	“21” (Information Receiver)
137	2000B	HL – Information Receiver Level	HL04 – Hierarchical Child Code	“1” (Additional Subordinate HL Data Segment in this Hierarchical Structure)
138	2100B	NM - Information Receiver Name	NM101 – Entity ID Code	“41” (Submitter)
139	2100B	NM - Information Receiver Name	NM102 – Entity Type Qualifier	“2” (Non-Person Entity)
139	2100B	NM - Information Receiver Name	NM103 – Name Last or Organization Name	<Service Bureau Name>
139	2100B	NM - Information Receiver Name	NM108 – Identification Code Qualifier	“46” (Electronic Submitters ID)
140	2100B	NM - Information Receiver Name	NM109 – Identification Code	<Service Bureau ID>
141	2000C	HL – Service Provider Level	HL01 – Hierarchical ID Number	<3> Assigned by the MDCH to identify each occurrence of a HL segment in a transaction.
141	2000C	HL – Service Provider Level	HL02 – Hierarchical Parent ID Number	<2> Identifies the next hierarchical ID number of the HL segment to which the current HL segment is subordinate
142	2000C	HL – Service Provider Level	HL03 – Hierarchical Level Code	“19” (Provider of Service)
142	2000C	HL – Service Provider Level	HL04 – Hierarchical Child Code	“1” (Additional Subordinate HL Data Segment in this Hierarchical Structure)
143	2100C	NM1 – Provider Name	NM101 – Entity Identifier Code	“1P” (Provider)





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Page	Loop	Segment	Data Element	Comments
143	2100C	NM1 – Provider Name	NM102 – Entity Type Qualifier	“1” (Person) “2” (Non-Person Entity)
144	2100C	NM1 – Provider Name	NM103 – Name Last or Organization Name	<Provider Last Name>
144	2100C	NM1 – Provider Name	NM104 – Name First	<Provider First Name>
144	2100C	NM1 – Provider Name	NM105 – Name Middle	<Provider Middle Name or Initial>
144	2100C	NM1 – Provider Name	NM107 – Name Suffix	<Provider Name Suffix>
144	2100C	NM1 – Provider Name	NM108 – Identification Code Qualifier	“FI” (Federal Taxpayer’s Identification Number)
145	2100C	NM1 – Provider Name	NM109 – Identification Code	<Federal Employer ID Number> This is the tax ID that is the Medicaid provider ID in the provider enrollment file.
146	2000D	HL – Subscriber Level	HL01 – Hierarchical ID Number	<Add one to previous HL01> Assigned by the MDCH to identify each occurrence of a HL segment in a transaction. One will be added to the previous HL01
146	2000D	HL – Subscriber Level	HL02 – Hierarchical Parent ID Number	<3> Identifies the next hierarchical ID number of the HL segment to which the current HL segment is subordinate
147	2000D	HL – Subscriber Level	HL03 – Hierarchical Level Code	“22” (Subscriber)
147	2000D	HL – Subscriber Level	HL04 – Hierarchical Child Code	“0” (No Subordinate HL Segment in this Hierarchical Structure)
148	2000D	DMG – Subscriber Demographic Information	DMG01 – Date/Time Period Format Qualifier	“D8” (Date expressed in format CCYYMMDD)
149	2000D	DMG – Subscriber Demographic Information	DMG02 – Date/Time Period	<Subscriber’s birth date> in CCYYMMDD format
149	2000D	DMG – Subscriber Demographic Information	DMG03 – Gender Code	“F” (Female) “M” (Male) “U” (Unknown)
150	2100D	NM1 – Subscriber Name	NM101 – Entity Identifier Code	“QC” (Patient)
151	2100D	NM1 – Subscriber Name	NM102 – Entity Type Qualifier	“1” (Person)



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Page	Loop	Segment	Data Element	Comments
151	2100D	NM1 – Subscriber Name	NM103 – Name Last or Organization	<Recipient Last Name>
151	2100D	NM1 – Subscriber Name	NM104 – Name First	< Recipient First Name>
151	2100D	NM1 – Subscriber Name	NM105 – Name Middle	< Recipient Middle Name or Initial>
151	2100D	NM1 – Subscriber Name	NM107 – Name Suffix	< Recipient Name Suffix>
151	2100D	NM1 – Subscriber Name	NM108 – Identification Code Qualifier	“MI” (Member Identification Number)
152	2100D	NM1 – Subscriber Name	NM109 – Identification Code	<Eight-character Medicaid Recipient ID Number>
153	2200D	TRN - Claim Submitter Trace Number	TRN01 – Trace Type Code	“2” (Referenced Transaction Trace Numbers)
153	2200D	TRN - Claim Submitter Trace Number	TRN02 – Reference Identification	<Provider ID Number> This represents the number supplied by the originator of the claim, as specified in the 003070X70 Implementation Guide.
154	2200D	STC – Claim Level Status Information	STC01-1 – Claim Level Status Category Code	<From the Code List 507, Health Care Claim Status Category Code> at <a href="http://www.wpc-edi.com">http://www.wpc-edi.com</a>
154	2200D	STC – Claim Level Status Information	STC01-2 – Claim Level Status Code	<From the Code List 508, Health Care Claim Status Code> at <a href="http://www.wpc-edi.com">http://www.wpc-edi.com</a>
155	2200D	STC – Claim Level Status Information	STC01-3 – Health Care Claim Status Code Modifier	Further modifies the status code in STC01-2, using <codes identified on pages 155 – 162 in the 004010X93 Implementation Guide>.
162	2200D	STC – Claim Level Status Information	STC04 – Total Claim Charge Amount	<Amount of the Original Submitted Charges>
164	2200D	STC – Claim Level Status Information	STC10-1 – Claim Level Status Category Code	See comments for STC01-1.
164	2200D	STC – Claim Level Status Information	STC10-2 – Claim Level Status Code	See comments for STC01-2.
164	2200D	STC – Claim Level Status Information	STC10-3 – Health Care Claim Status Code Modifier	See comments for STC01-3.
164	2200D	STC – Claim Level Status Information	STC11-1 – Claim Level Status Category Code	See comments for STC01-1.
164	2200D	STC – Claim Level Status Information	STC11-2 – Claim Level Status Code	See comments for STC01-2.



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Page	Loop	Segment	Data Element	Comments
164	2200D	STC – Claim Level Status Information	STC11-3 – Health Care Claim Status Code Modifier	See comments for STC01-3.
165	2200D	REF – Payer Claim Identification Number	REF01 – Reference Identification Qualifier	“1K” (Payor’s Claim Number)
166	2200D	REF – Payer Claim Identification Number	REF02 – Reference Identification	<Claim Reference Number>
167	2200D	REF – Institutional Bill Type Identification	REF01 – Reference Identification Qualifier	“BLT” (Billing Type) Returned if submitted on the claim
168	2200D	REF – Institutional Bill Type Identification	REF02 – Reference Identification	<Type of Bill>
169	2200D	REF – Medical Record Identification	REF01 – Reference Identification Qualifier	“EA” (Medical Record Identification Number) Returned if submitted on the claim
169	2200D	REF – Medical Record Identification	REF02 – Reference Identification	<Medical Record Number>
174	2220D	SVC – Service Line Information	SVC01-1 – Product or Service ID Qualifier	<Type of Service> Returned if submitted on the claim
175	2220D	SVC – Service Line Information	SVC01-2 – Procedure Code	<Service Identification Code>
175	2220D	SVC – Service Line Information	SVC01-3 – Procedure Modifier	<Procedure Modifier> Include if submitted on the original claim service line
175	2220D	SVC – Service Line Information	SVC01-4 – Procedure Modifier	<Procedure Modifier> Include if submitted on the original claim service line
175	2220D	SVC – Service Line Information	SVC01-5 – Procedure Modifier	<Procedure Modifier> Include if submitted on the original claim service line
175	2220D	SVC – Service Line Information	SVC01-6 – Procedure Modifier	<Procedure Modifier> Include if submitted on the original claim service line
175	2220D	SVC – Service Line Information	SVC02 – Line Item Charge Amount	<The Original Submitted Charge>
176	2220D	SVC – Service Line Information	SVC03 – Line Item Payment Amount	“0”
176	2220D	SVC – Service Line Information	SVC04 – Revenue Code	<NUBC Revenue Code> if available.



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Page	Loop	Segment	Data Element	Comments
176	2220D	SVC – Service Line Information	SVC07 – Quantity	<Quantity> Default is 1 unit
177	2220D	STC – Service Line Status Information	STC01-1 – Service Level Status Category Code	<From the Code List 507, Health Care Claim Status Category Code> at <a href="http://www.wpc-edl.com">http://www.wpc-edl.com</a>
178	2220D	STC – Service Line Status Information	STC01-2 – Service Level Status Code	<From the Code List 508, Health Care Claim Status Code> at <a href="http://www.wpc-edl.com">http://www.wpc-edl.com</a>
178	2220D	STC – Service Line Status Information	STC01-3 – Health Care Claim Status Code Modifier	Further modifies the status code in STC01-2, using <codes identified on pages 155 – 162 in the 004010X93 Implementation Guide>.
185	2220D	STC – Service Line Status Information	STC02 – Status Information Effective Date	<Status Effective Date> in CCYYMMDD format
185	2220D	STC – Service Line Status Information	STC04 – Line Item Charge Amount	<Amount of Original Submitted Charges>
185	2220D	STC – Service Line Status Information	STC10-1 – Service Level Status Category Code	See comments for STC01-1.
186	2220D	STC – Service Line Status Information	STC10-2 – Service Level Status Code	See comments for STC01-2.
186	2220D	STC – Service Line Status Information	STC10-3 – Health Care Claim Status Code Modifier	See comments for STC01-3.
186	2220D	STC – Service Line Status Information	STC11-1 – Service Level Status Category Code	See comments for STC01-1.
186	2220D	STC – Service Line Status Information	STC11-2 – Service Level Status Code	See comments for STC01-2.
186	2220D	STC – Service Line Status Information	STC11-3 – Health Care Claim Status Code Modifier	See comments for STC01-3.
187	2220D	REF – Service Line Item Identifier	REF01 – Reference Identification Qualifier	“FJ” (Line Item Control Number)
187	2220D	REF – Service Line Item Identifier	REF02 – Reference Identification	<Line Item Control Number> Returned if submitted on the claim
188	2220D	DTP – Service Line Date	DTP01 – Date/Time Qualifier	“472” (Service)
188	2220D	DTP – Service Line Date	DTP02 – Date/Time Period Format Qualifier	“RD8” (Range of dates expressed in format CCYYMMDD)
189	2220D	DTP – Service Line Date	DTP03 – Date/Time Period	<Service line date> in CCYYMMDD format



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Page	Loop	Segment	Data Element	Comments
234	Trailer	SE – Transaction Set Trailer	SE01 – Total Number of Segments	< Total number of segments included in a transaction set> Including ST and SE segments
234	Trailer	SE – Transaction Set Trailer	SE02 – Transaction Set Control Number	<Transaction Set Control Number> MDCH will transmit identical transaction set control numbers in ST02 and SE02.